



City of Long Beach

562-570-6651
(INFORMATION)
FAX 562-570-6753

WORKSHEET FOR ELECTRICAL PERMIT

COMPLETE ONLY THOSE PARTS OF THIS FORM THAT YOU UNDERSTAND

BL-375 (10/95)

PROJECT #	PLEASE PRINT				DATE
1. PROJECT ADDRESS (NOT MAILING ADDRESS)			SPACE NO.	ZIP CODE	
2. OWNER'S NAME LAST		FIRST	M.I.	PHONE NO.	
3. OWNER'S ADDRESS		CITY	STATE	ZIP CODE	
4. CONTRACTOR'S NAME (IF SAME AS OWNER, WRITE OWNER)		CITY LICENSE NO.	STATE LICENSE NO.	WORKER'S COMP. EXP. DATE	
LAST FIRST					
5. CONTRACTOR'S ADDRESS		CITY	STATE	ZIP CODE	
6. ARCHITECT'S/ENGINEER'S NAME LAST		FIRST	LICENSE NO.	PHONE NO.	
7. ARCHITECT'S/ENGINEER'S ADDRESS		CITY	STATE	ZIP CODE	
8. CONTACT PERSON'S NAME				PHONE NO.	
9. CONTACT PERSON'S ADDRESS		CITY	STATE	ZIP CODE	
10. PRESENT BLDG. USE	PROPOSED BLDG. USE	OCCUPANCY	TOTAL SQ. FT OF THIS PROJECT		
11. JOB DESCRIPTION					
12. NUMBER	TYPE OF FIXTURE OR ITEM		NUMBER	TYPE OF FIXTURE OR ITEM	
	SERVICE () AMPS			SIGNS (ONE SIGN, ONE CIRCUIT)	
	ADDITIONAL METERS			ADDITIONAL SIGNS	
	SWITCHBOARDS AND MOTOR CONTROLLERS () AMPS			ADDITIONAL SIGN CIRCUITS	
	ADDITIONAL SWITCHBOARD SECTIONS () AMPS			TEMPORARY POWER POLE (EXCLUDING SERVICE)	
	PANELS			TEMPORARY LIGHTS	
	OUTLETS (RECEPTACLES AND SWITCHES)		MOTORS, GENERATORS, TRANSFORMER AND APPARATUS RATE IN HP, KW, KVA OR KVAR		
	MULTI-OUTLET ASSEMBLY () FEET				
SPECIAL OUTLETS			UP TO 1		
	15-30 AMPS		OVER 1 AND NOT OVER 10		
	31-50 AMPS		OVER 10 AND NOT OVER 50		
	51-100 AMPS		OVER 50 AND NOT OVER 100		
	OVER 100 AMPS		OVER 100		
	LIGHT FIXTURES		NEW RESIDENTIAL CONSTRUCTION ONLY		
	FIXTURE OUTLETS		AREA IN SQ. FT. OF LIVING ()		
	LIGHTING STANDARDS		AREA IN SQ. FT. OF GARAGE/CARPORT ()		
	BUSWAYS AND POWER DUCTS () AMPS () FEET		AREA IN SQ. FT. OF MISCELLANEOUS ()		
VALUATION OF THIS INSTALLATION					
13. I HEREBY CERTIFY THE INFORMATION IN THIS WORKSHEET IS TRUE AND CORRECT AND THAT ALL LONG BEACH ORDINANCES AND STATE LAWS WILL BE COMPLIED WITH IN DOING THIS WORK.			14. SIGNATURE		
15. REMARKS			TAKEN BY	ISSUED BY	

FOR DEPARTMENT USE ONLY

Notify the cashier with one of the following:

- ☐ Contractor with Workers' Compensation
- ☐ Developer with Workers' Compensation
- ☐ Owner with Workers' Compensation

- ☐ Contractor without Workers' Compensation
- ☐ Developer without Workers' Compensation
- ☐ Owner without Workers' Compensation

Applicant required to update:

- ☐ City Business License
- ☐ Workers' Compensation Insurance Policy
- ☐ State Contractor's License

Note: If any license or policy has expired, the customer must bring a valid, updated, license or policy, to the Information Counter.